Atty. Docket:	J187-032	US

## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

English Language Declaration

As a below named inventor, I hereby declare that:

(Number)

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

## METHOD FOR DEHALOGENATION DETOXICATION OF HALOGENATED AROMATIC AND/OR CYCLIC COMPOUNDS the specification of which (check one): I Iis attached hereto \_\_\_\_\_as Application Serial No. \_\_\_ (if applicable). I Iwas filed on was amended on I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56. I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed: Priority Claimed Prior Foreign Applications PV 2003-1220 Czech Republic 30/04/2003 (Day/Month/Year Filed) (Number) (Country) [X][J]YES PCT/CZ2004/000024 28/04/2004 (Day/Month/Year Filed) [ X ] (Number) II hereby claim the benefits under Title 35, United States Code, §119(e) of the following United States Provisional Application: Priority Claimed NO

(Day/Month/Year Filed)

I J

		Atty.	Docket:	J187-032 US
listed below, and insoft prior United States app §112, I acknowledge to	ar as the subject ma lication in the mann ne duty to disclose in lations, §1.56 which	tter of each of the cla er provided by the firs nformation which is m became available be	ims of this app t paragraph of aterial to pater tween the filin	ny United States application(s) lication is not disclosed in the Title 35, United States Code, ntability as defined in Title 37, g date of the prior application
This application	his application is a of U.S. / PCT Application			
Serial No.		Filing Date	Sta	tus (Patented, Pending, Abandoned)
on information and be knowledge that willful f	lief are believed to alse statements and Title 18 of the United	be true; and further I the like so made are I States Code and that	that these sta punishable by	and that all statements made tements were made with the fine or imprisonment, or both, se statements may jeopardize
POWER OF ATTO agent(s) to prosecute to therewith.	<b>ORNEY</b> : As a nai his application and ti	med inventor, I herei ransact all business in	by appoint the the Patent and	n following attorney(s) and/or d Trademark Office connected
	Angelo Notaro Reg. No. 27,664		C. Michalos No. 28,643	
	John Zaccaria Reg. No. 40,241		Sheng Lin No. 56,402	
Send Correspondent	ce to:			
	100 1	ARO & MICHALO Dutch Hill Road , Su eburg, New York 10	ite 110	
Customer No.: 21706	<b>;</b>			
Direct Telephone Ca	lls to: (845) 359-77	00		
Vladimir PEKAREK Full Name of Sole or First I	nventor			
Inventor's signature Praha, Czech Republi Residence Czech Republic Citizenship	c (U	Date Date	18.5.2	lov6
Malinova 29, 106 00 F Post Office Address	Praha 10, Czech Re	public		
√ PLEASE C	HECK BOX IF AD	DITIONAL SHEET(S	) ARE ATTAC	HED

	Atty.	Docket:	<u> </u>	
Petr HAPALA Full Name of Second Inventor, if any				
. universe of cocone morner, in any				
Inventor's signature	Date	18 [	. 2006	
Frydland nad Ostravici, Czech Republic	you	7.0.7	. 2006	
Residence Czech Republic				
Citizenship				
Facely 405, 700 44 Faultand and Ontariol 4	O			
Paseky 465, 739 11 Frydland nad Ostravici, (	Сивст Керивіїс			
			•	
Eva FISEROVA				
Full Name of Third Inventor , if any				
Inventor's signature Praha, Czech Republic Fize T	) Date	18.5.	2006	
Praha, Czech Republic Toscom Residence		· · · · · · · · · · · · · · · · · · ·		
Czech Republic			<u>.</u>	
Citizenship				
Nad Mohylou 1094, 165 00 Praha 6, Czech F	Republic			
Post Office Address				
Full Name of Fourth Inventor, if any				
Invested a circular	Data			
Inventor's signature	Date			
Residence				
Citizenship				
4				
Post Office Address		****		
Tost Office Address				
Full Name of Fifth Inventor, if any	<del></del>			<del></del>
. S. Franco of Filler diversion, II diff				
Inventor's signature	Date	·		<del></del>
Residence				
Citizenship		<del> </del>		
Post Office Address		<del></del>	<del></del> -	